STATE OF CALIFORNIA

DEPARTMENT OF JUSTICE

REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCE PRESCRIPTIONS

BNE _____(2/05)

Complete this form and forward to the **CURES Program** at P.O. Box 160447 Sacramento, California 95816

Name and Address (include ZIP Code)

Phone No. (Include Area Code)

Date of Theft or Loss

DEA Registration Number

2 ltr. Prefix | 7 Digit Suffix

Principal Business

☐ Pharmacy ☐ Practitioner
☐ Manufacturer ☐ Hospital/Clinic
☐ Other (Specify)

Method of Reporting

☐ Phone
☐ Mail In
☐ Boards

Name of Carrier

County in Which Loss Occurred

Name of Consignee

Consignee's DEA Registration Number

Was Theft Reported to Police? ☐ Yes ☐ No

Report #

Was the Package Received by the Customer? ☐ Yes ☐ No

If Received, Did It Appear to be Tampered With? ☐ Yes ☐ No

Number of Thefts or Losses Experienced in the Past 24 Months

Have You Experienced Losses in Transit from This Same Carrier in the Past? ☐ No ☐ Yes (How Many?) _____

Type of Theft or Loss
(check one and complete items below as appropriate)

☐ Night Break-in ☐ Employee
☐ Armed Robbery ☐ Customer Theft
☐ Lost in Transit ☐ Other (Explain)

What Security Measures Have Been Taken to Prevent Future Thefts or Losses?

Report By:

Comments:

Report Taken By:

FOR OFFICAL USE ONLY

Reviewed **CURES** 30 Days _____ Date

60 Days _____ Date